

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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CITY CLERK'S OFFICE

1. Full Name of Committee

Save Miami Beach

Telephone

786-252-6918

Mailing Address (include city, state and zip code)

16610 SW 82nd Court, Miami, FL 33157

Street Address (include city, state and zip code)

Same

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

Civic engagement and issues in Miami Beach, Florida

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Education.

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Stephen Cody	16610 SW 82nd Court, Miami, FL 33157	Chair

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
None		

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
None			

8. List Any Issues this Committee is Supporting: Ethics in City Government

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
U.S. Century Bank Account # 1162001250	468 NW 27th Avenue Miami, FL 33125


12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF Florida Miami-Dade COUNTY

I, Stephen Cody, certify that the information in this Statement of

Organization is complete, true and correct.

X  6/18/15
Signature of Chairman of Political Committee Date